Organizing the work

Even with a good research idea and a soundly designed research plan, success is not inevitable. The dividing line between a satisfactory and an unsatisfactory outcome is often fine, described as luck by those who fail and judgement by those who succeed. The aim of this short chapter is to emphasize, and in some cases re-emphasize, the importance of paying attention to a number of superficially obvious but often neglected aspects of the organization of research.

In the next chapter, which traces the development of the research ideas I introduced in Chapter 6, the practical implications of spending time on these issues will be seen more clearly. Organization can be thought of under the headings before fieldwork, during fieldwork and after fieldwork.

BEFORE FIELDWORK

Timing

Research almost always takes longer to plan than expected. It is important to allow for this and at the same time realize that there are good and bad times to start and carry out research. A study of respiratory illness, for example, may run short of material in June, have plenty in November – and too much in January. The summer is usually less satisfactory for research than the winter, and holiday times are generally inconvenient either because of extra practice commitments or other distractions.

After deciding when the fieldwork should start and how long it is likely to take, make plans which allow for additional time beforehand in which to try out methods, arrange assistance and make final administrative arrangements.

Recruiting and explanation

Recruiting helpers (whether research subjects or assistants) from

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amongst one’s patients or colleagues is often an essential part of preliminary organization. Here the dilemma lies between defining a population for study and finding that the selected patients or doctors don’t wish to take part, and on the other hand recruiting willing helpers but then having difficulty finding their common denominator when attempting to describe who or what they represent. People you know and have an empathy with are more likely to participate as requested than are strangers or those you know to be unsympathetic to you or to the aims of your inquiry; patients of unstable background or low intelligence are less likely to comply with instructions than are those with more insight. In short, as far as is compatible with sound research design, those doctors and patients who are more rather than less likely to help should be enlisted.

Both patients and doctors should be given time to think over a request for help. A letter explaining the general aims of a study linked with a request to be allowed to explain more of the details at a later time is better than a snap request for a yes/no decision over the telephone, in the surgery, or at a meeting. This tends to produce initial ‘yes’ answers but is associated with drop-outs at a later stage; the first approach on the other hand may produce more initial ‘no’ answers but yields a greater eventual return from those who do agree to participate. Requests for help should include a stamped envelope or card for reply, or indicate when and how a further approach will be made. Offers of help made by doctors when in their own premises, or by patients in their own homes, are more likely to be honoured than those made on neutral ground or on the territory of the organizer of the project.

When either doctors or patients are being enlisted as helpers it is important to give informative explanations of the proposed research. Sometimes the design of the study necessitates withholding full details to prevent the risk of introducing observer or subject bias. Each individual researcher must make his own moral decision on where to draw the line between spoiling the research by giving complete information and misleading one’s helpers by incomplete truth. My own aim has been to strike whatever compromise will ensure that at the end of any study colleagues or patients will feel that their trust in my motives and activities as a research worker has not been misplaced and that they would help again at a later date if asked. The issues of informed consent are particularly important when patients are asked to take drugs, give blood or undergo investigation. Leaflets, approved by an independent adviser or ethical committee, explaining the reasons for such research and outlining any procedures involved should be available for all patients concerned. Professional colleagues participating in